

# HOPE COLLEGE UPWARD BOUND **ALUMNI** QUESTIONNAIRE

Please take the time to complete this form, and return it to:

Hope College Upward Bound

Graves Hall RM 011

263 College Avenue

Holland, MI 49423-9000

Date: \_\_\_\_\_

Last Name:	First Name:
Maiden Name:	UB Graduating Year:
High School: Graduation Year (if applicable):	Name of College (if currently enrolled):
School Mailing Address:	City:
State:	Zip Code:
Undergraduate:                      Graduating Year:	College Degree:
Undergraduate Major:	Undergraduate Minor:
Graduate College:	Graduate Degree (Masters, Ph D etc.):
Graduate Major:	Graduate Year:
Marital Status:	Spouse's Name:
Residence Address:	Home Telephone:
City:	State:
Zip Code:	E-mail Address:
Employer's Name:	Professional Title or Position with Firm:
Business Address:	City:
State:	Zip Code:
Business Telephone:	Cell Telephone:

What was the most important thing you learned in your first year of college? What advice would you give incoming UB students?

